

State: DELAWARE

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |  |                                     |  |
|--|-------------------------------------|--|
| XIX 1902(a)<br>(10)(A)<br>(11)(IX)<br>and 1902(1)(1)<br>(D) of the Act | <input checked="" type="checkbox"/> | 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size. |
|--|-------------------------------------|--|

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

- ☒ 7 years of age; or  
☒ 8 years of age.

TN No. SP-332  
Supersedes  
TN No. SP-300

Approval Date NOV 22 1993

Effective Date 7/01/93

HCFA ID: 7983E

State: DELAWARE

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a) ☒  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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TN No. SP-300

Supersedes  
TN No. SP-255\*

Approval Date DEC 17 1991

Effective Date JAN 01 1992

HCFA ID: 7983E

\* Information was previously on page 17b, which was updated by SP-255.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(47)  
and 1920 of  
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

TN No. SP-366  
Supersedes  
TN No. SP-312

Approval Date 11/6/96

Effective Date 12/1/96

State/Territory: DELAWARE

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Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |  |  |
|--|--|
| 1906 of the Act                          | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> months.   |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

TN No. SP-308

Supercedes

TN No. new

Approval Date

**FEB 17 1993**

Effective Date

**JUL 01 1992**

HCFA ID: 7982E

State: DELAWARE

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

- |                                  |   |
|----------------------------------|---|
| 1902(e) of the Act               | 1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.   |
|                                  | 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls. |
| 1902(a)(10)(C)(ii)(I) of the Act | 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.   |

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TN No. SP-300

Supersedes

Approval Date MAY 27 1992

Effective Date JAN 01 1992

TN No. SP-250 & SP-240\*

HCFA ID: 7983E

\* Information was previously on pages 17c and 18, which were updated as indicated.

Delaware does not have a Medically Needy program.

State: DELAWARE

Agency\*      Citation(s)      Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of  
the Act

4. Newborn children born on or after  
October 1, 1984 to a woman who is eligible  
as medically needy and is receiving  
Medicaid on the date of the child's birth. The child  
is deemed to have applied and been found eligible for  
Medicaid on the date of birth and remains eligible  
for one year so long as the woman remains eligible  
and the child is a member of the woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not  
described in section C.3. above and who are  
under the age of--  
    \_\_\_ 21  
    \_\_\_ 20  
    \_\_\_ 19  
    \_\_\_ 18 or under age 19 who are full-time  
students in a secondary school or in the  
equivalent level of vocational or  
technical training

☐ b. Reasonable classifications of financially  
eligible individuals under the ages of 21, 20,  
19, or 18 as specified below:

- \_\_\_ (1) Individuals for whom public agencies are  
assuming full or partial financial  
responsibility and who are:
- \_\_\_ (a) In foster homes (and are under the age  
of \_\_\_).
- \_\_\_ (b) In private institutions (and are under  
the age of \_\_\_).

TN No. SP-300

Supersedes  
TN No. SP-240\*

Approval Date MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

\* Information was previously on page 18, which was updated by SP-240.

Delaware does not have a Medically Needy program.

- State: DELAWARE

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_).
- (3) Individuals in NFs (who are under the age of \_\_\_\_). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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TN No. SP 300  
Supersedes —  
TN No. SP-240\*

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Delaware does not have a Medically Needy program.

State: DELAWARE

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

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|----------------------------|-------------------------------------|--|
| 42 CFR 435.310             | <input checked="" type="checkbox"/> | 6. Caretaker relatives.  |
| 42 CFR 435.320 and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals.   |
| 42 CFR 435.322 and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals.  |
| 42 CFR 435.324 and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals.   |
| 42 CFR 435.326             | <input checked="" type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.   |
| 435.340                    |                                     | 11. Blind and disabled individuals who: <ul style="list-style-type: none"><li>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;</li><li>b. Were eligible as medically needy in December 1973 as blind or disabled; and</li><li>c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.</li></ul> |

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Supersedes

TN No. SP-240 & SP-276\*

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Delaware does not have a Medically Needy program.



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October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: N/A for DELAWARE

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Citation(s)

Groups Covered

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N/A

C. Optional Coverage of Medically Needy  
(Continued)

1906 of the  
Act

12. Individuals required to enroll in  
cost effective employer-based group  
health plans remain eligible for a minimum  
enrollment period of \_\_\_\_\_ months.

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Supersedes

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**JUL 01 1992**

TN No. new

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